

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-015604

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 622

FILED MAY 1 1963

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SPRINGFIELD

Length of stay in lb
DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BURGE Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

JACKSON

c. CITY
OR TOWN

KANSAS City

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

1214 BENTON ST

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

GEORGE RILEY ARNOLD

4. DATE
OF DEATH

Month

Day

Year

April 25 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/9/1911

9. AGE (last birthday)

51

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
TAMALE COOK

10b. KIND OF BUSINESS OR INDUSTRY
TAMALE SHOP

11. BIRTHPLACE (City and state or country)
PETIS County Mo. U.S.A

12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME

JULIUS CEASAR ARNOLD

13b. MOTHER'S MAIDEN NAME

ELEANOR KUNZLER

14. NAME OF HUSBAND OR WIFE

Dolores (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT - SON

Address

Robert Arnold SENECA, KANSAS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hepatic Coma

INTERVAL BETWEEN
ONSET AND DEATH
24 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cirrhosis of Liver

4 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at

4-24-63 to 4-25-63 and last saw her alive on 4-25-63
3:20pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Don E. Menchetti, M.D.

22b. ADDRESS

Springfield, Mo

22c. DATE SIGNED

4-26-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

4-27-63

23c. NAME OF CEMETERY OR CREMATORY

GREENLAWN CEMETERY

23d. LOCATION (City, town, or county)

SPRINGFIELD Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS SPRINGFIELD

25. DATE RECD. BY LOCAL REG.

4-30-63

26. REGISTRAR'S SIGNATURE

Effie E. Melton

CHAPEL OF THE OZARKS INC. MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0392

2 3248

3

4 0

5 2

6

7 0

8 2

9 581.0

10

11

12 1-0

13

JUN 2 1963

Permit 4-26-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donavon P. Lakin

Licensed Embalmer No. 5159

P. O. Address: SPRINGFIELD MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.